



TO: Sunnyvale Homeowner

FROM: Val Rivera, Sr. Housing Rehabilitation Specialist

RE: Application Instructions for Paint Program

Thank you for your inquiry in the City of Sunnyvale's Housing Rehabilitation Program. Please find the attached Notice and Application for either the Paint Loan or Grant Program.

Instructions

1. Complete Paint Loan **or** Grant Application: (See attached Notice)
Verification of age (Copy of picture ID, showing date of birth) or disability and income must be attached. The City needs to verify income of all household members eighteen and older. If you can furnish proof that household members between the ages of eighteen and twenty-three are full-time students, their incomes do not have to be included.

For **every adult household member living in the home**, please provide copies, if applicable, with your signed application of the following:

2. Copy of most recent Federal Tax Form (1040)
3. Two (2) most recent paycheck stubs
4. Verification of regular taxable and non-taxable income such as: Social Security, Disability, AFDC, unemployment, Pension/annuity etc.
5. Verification of other regular monthly income

If you have your own business, include copies of your most recent two consecutive years of tax returns e.g. 2001 and 2002. If you have automatic deposit for Social Security or for any other regular monthly income, your most recent bank statement may be submitted.

Attached are the current income eligibility guidelines. There is also a limit on the amount of assets you can have, with the exception of the value of your home:

If you are age 60 or older, the maximum is \$325,000,
If you are under age 60, the maximum is \$200,000.

6. Return completed application, signed copy of "Lead Based Paint Attachment" and documentation to:

City of Sunnyvale
Housing Division
P.O. Box 3707
Sunnyvale, CA 94088-3707

7. Paint Loan or Grant is approved or denied.
8. Risk Assessment
9. Contractor Selection
10. City staff inspects work when it is complete
11. Contractor is paid or homeowner is reimbursed

CITY OF SUNNYVALE

PAINT GRANT APPLICATION

Return this page along with your income, age or disability verification
and a signed copy of the "Lead Based Paint Attachment"

HOMEOWNER: _____ PHONE: _____

ADDRESS: _____ ZIP _____

DO YOU OWN AND OCCUPY THIS HOME AS YOUR PRIMARY RESIDENCE?
___ YES ___ NO

AGE 60 OR OVER, OR DISABLED? ___ YES ___ NO

YEAR HOUSE WAS BUILT: _____

LIST NAMES & AGES OF ALL HOUSEHOLD MEMBERS: _____

ANNUAL GROSS HOUSEHOLD INCOME: \$ _____
(Please attach income verification)

The following information is requested by the federal government in order to monitor the program's compliance with federal laws regarding equal opportunity. You are not required to furnish this information, but are encouraged to do so. The law provides that this program may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

AMERICAN INDIAN, _____
ALASKAN NATIVE _____ WHITE
HISPANIC _____ OTHER
(SPECIFY)
ASIAN, PACIFIC ISLANDER _____
BLACK _____

I certify that the above information is true and accurate to the best of my knowledge.

DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ APPLICANT SIGNATURE: _____

DATE: _____ CITY SIGNATURE OF APPROVAL: _____

IT MAY BE A FEDERAL CRIME, PUNISHABLE BY A FINE OR IMPRISONMENT, OR BOTH, TO KNOWINGLY MAKE ANY FALSE STATEMENTS TO OBTAIN THIS GRANT.

**CITY OF SUNNYVALE- HOUSING REHABILITATION PROGRAM
FOR OWNER-OCCUPIED HOUSING
LOAN APPLICATION**

<p>The following information is requested by the federal government in order to monitor the program's compliance with federal laws regarding equal opportunity. You are not required to furnish this information, but are encouraged to do so. The law provides that this program may neither discriminate on the basis of this information, nor on whether you choose to furnish it.</p>	<p> <input type="checkbox"/> AMERICAN INDIAN, <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> ASIAN, PACIFIC ISLANDER <input type="checkbox"/> BLACK </p>
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APPLICANT			CO-APPLICANT		
Name Street Address City, State, Zip			Name Street Address City, State, Zip		
Social Security No.: Home Phone No.: () Driver's Lic. No.:			Social Security No.: Home Phone No.: () Driver's Lic. No.:		
Age	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	No. of Household members: _____ No. of Dependant(s) and age(s):	Age	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	No. of Household members: _____ No. of Dependant(s) and age(s):
Employer: Address: Phone No. ()		Years on this job? _____ If Self Employed, Type of Business:	Employer: Address: Phone No. ()		Years on this job? _____ If Self Employed, Type of Business:
Name and address of nearest relative not living with you: Phone No. ()			Name and address of nearest relative not living with you: Phone No. ()		

Is this your primary residence?	What type of unit (single family, mobilehome, etc.)?
Title to home is in the Name(s) of: Is this in a Trust? If so, please provide a copy	If the title is not in your Name(s), describe your interest in the property.

Age of Property	No. of Bedrooms	No. of Baths	Sq. Ftg.	Estimated current value of home:	Central Air Cond. ___ Yes ___ No
Other structures on property?					

INCOME AND EXPENSES

A. Present Monthly Income:		B. Monthly Housing Expenses	
Applicant's Wages	\$ _____	Mortgage Pymts	\$ _____
Co-Applicant's Wages	\$ _____	(Principal & Interest only)	
Pensions, Annuities	\$ _____	Property Taxes	\$ _____
Social Security	\$ _____	Hazard Insurance	\$ _____
*Other	\$ _____	Maintenance	\$ _____
Total Gross Income	\$ _____	Heat & Utilities	\$ _____
		Total Housing Expenses	\$ _____
		(1) Total Creditor Monthly	
		Payments (from back of app.) \$ _____	
		Total Monthly Obligations \$ _____	
		(Total Housing Expenses & total creditor monthly pymts.)	
<p>* Including but not limited to income of all adult household members, interest, dividends, etc.</p>			

ASSETS AND LIABILITIES

ASSETS: Name of Depository _____ Name of Depository _____ Other Assets: Stocks, Bonds, Real Property, etc. _____ _____	Checking \$ _____ Savings \$ _____ Checking \$ _____ Savings \$ _____ \$ _____ \$ _____
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LIABILITIES:

Mortgage(s)	Account No.	Original Amount	Balance	Monthly Payment(s)
1 st		\$ _____	\$ _____	\$ _____
2 nd		\$ _____	\$ _____	\$ _____

Creditor(s)	Account No.	Original Amount	Balance	Monthly Payment(s)
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
(1) Total			\$ _____	\$ _____

BORROWER CERTIFICATION

<p>I/We certify, that the above statements are true, accurate, and supporting documentation to be in accordance with the Department of Housing and Community Development regulations.</p>			
_____ Applicant	_____ Date	_____ Co-Applicant	_____ Date

**HOUSING REHABILITATION PROGRAM
FOR OWNER-OCCUPIED HOUSING**

LOAN APPLICATION ATTACHMENT

I/We agree:

To provide Homeowner's Insurance in an amount equal to, or greater than all combined existing liens.

To have the property inspected, by appointment, to determine that the improvements specified have been completed satisfactorily.

That the work performed, and the materials used, are not the responsibility of the City of Sunnyvale, but are under warranty by the Contractor/Manufacturer.

That verification may be obtained from any source named in this application.

That it may be a Federal crime, punishable by a fine or imprisonment, or both, to knowingly make any false statements to obtain this loan.

Signature

Signature

Date

Date

HOUSING REHABILITATION PROGRAM FOR OWNER-OCCUPIED HOUSING

INFORMATION AUTHORIZATION

TO WHOM IT MAY CONCERN:

I/We authorize the **CITY OF SUNNYVALE** (Local Entity) and any credit reporting agency utilized by the local entity to verify any information necessary in connection with the City's Housing Rehabilitation Program for Owner-Occupied Housing loan application, including, but not limited to, the following:

- 1) Credit History
- 2) Bank Accounts
- 3) Mortgage History

Authorization is further granted to use a photostatic copy of my/our signature(s) below, to obtain information regarding any of the aforementioned items.

Applicant

Date

Social Security No.

Co-Applclicant

Date

Social Security No.

HOUSING REHABILITATION PROGRAM FOR OWNER-OCCUPIED HOUSING

Fair Lending Notice

To: All applicants for a loan under the City of Sunnyvale's Housing Rehabilitation Program for Owner-Occupied Housing.

Under the Housing Financial Discrimination Act of 1977, it is unlawful for a financial institution to refuse to make a loan or to offer less favorable terms than normal (such as a higher interest rate, larger down payment or shorter maturity) based on any of the following:

1. Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood) except to the limited extent necessary to avoid unsafe and unsound business practice.
2. Race, sex, or color, religion, marital status, national origin or ancestry.

It is also unlawful to consider, in appraising a residence, the racial, ethnic, or religious composition of a particular neighborhood, or whether or not such composition is undergoing change or is expected to undergo change.

If you wish to file a complaint or if you have any questions about your rights, contact:

Office of Fair Lending
600 South Commonwealth
15th Floor
Los Angeles, CA 90005

U.S. Office of Comptroller of the Currency
Consumer Complaint Department
50 Fremont Street, Suite 3900
San Francisco, CA 94105

When you file a complaint, the law requires that you receive a decision within 30 days.

I/We have received a copy of this notice.

Borrower: _____

Date: _____

Borrower: _____

Date: _____

CITY OF SUNNYVALE

LEAD BASE PAINT ATTACHMENT

I have read and received a copy of the Pamphlet entitled “**Protect Your Family from Lead in Your Home.**”

Address: _____

Please check which application you are submitting:

Paint Grant ☐

Paint Loan ☐

Home Access Grant ☐

Rehab Loan ☐

Print Full Name

Date

Signature

Print Full Name

Date

Signature